

DECLARATION/POWER OF ATTORNEY FOR ORIGINAL APPLICATION

Attorney's Office

AS BELOW NAMED INVENTOR, I HEREBY DECLARE THAT: This Declaration is of the following type:

☐ Original☐ Supplemental☐ Continuation-in-Part

I declare further that my residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **EYEGLASS MANUFACTURING METHOD USING VARIABLE INDEX LAYER** which is described and claimed in the attached specification.

I do not know and do not believe that the invention was ever known or used in the United States of America before my or our invention thereof; I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application; I do not know and do not believe that the invention was in public use or on sale in the United States of America more than one year prior to this application; I acknowledge my duty to disclose information of which I am aware which is material to the examination of the application; the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assignees in any country foreign to the United States of America on an application filed by me or my legal representatives or assignees more than six months prior to this application; and as to applications for patents of inventor's certificate on the invention filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns:

☐ no such applications have been filed,

or

☐ such applications have been filed as follows:

Priority Claimed?

(Country)

(Appln. No.)

(Day/Month/Year/Filed)

(Yes)

(No)

I hereby claim the benefit under Title 36 USC 119/120 of the United States application(s) listed below, and insofar as the subject matter of the claim of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC 112, I acknowledge the duty to disclose material information as defined in Title 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national filing date of this application:

(U.S. Serial No.)

(Filing Date)

(Status)

(U.S. Serial No.)

(Filing Date)

(Status)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim, as amended by any amendment referred to herein. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby appoint the following attorney and/or agent to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith: Gary L. Eastman, Registration No. 41,005. Please direct all telephone calls to Gary L. Eastman at (619) 230-1144, and address all correspondence to *Gary L. Eastman, Esq., EASTMAN & ASSOCIATES, 520 West Ash Street, Suite 306, San Diego, California 92101; Telephone (619) 230-1144.*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued therefrom.

FULL NAME OF SOLE OR FIRST INVENTOR ANDREAS DREHER	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP USA
POST OFFICE ADDRESS		
FULL NAME OF SECOND JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		